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AUTHOR Spadafore, Gerald J.
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ABSTRACT

To reduce professional discord among admission and discharge committee members charged with placement and treatment decisions involving exceptional children, a Cognitive Dissonance Paradigm is proposed. The paradigm is noted to allow each team member to present assumptions and their interpretations of causes of the problem without critical review by fellow team members. The problem-solving, goal-oriented procedure is advocated to facilitate communication among team members by diminishing the need for each team member to compete for professional supremacy. The subsequent reduction of cognitive dissonance is said to enhance the admission and discharge committee's ability to determine the essential features of a proposed solution as well as to establish a meaningful delivery system. (Author)

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COGNITIVE DISSONANCE PARADIGM:

A TECHNIQUE TO IMPROVE THE EFFECTIVENESS

OF THE TEAM APPROACH

Prepared by:

Gerald J. Spadafore
Associate Professor
Counselor Education and Special Education
Idaho State University
Pocatello, Idaho 83209

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SUMMARY

To reduce professional discord among admission and discharge committee members charged with placement and treatment decisions involving exceptional children, a Cognitive Dissonance Paradigm is proposed. The paradigm allows each team member to present assumptions and their interpretations of causes of the problem without critical review by fellow team members.

This problem-solving, goal-oriented procedure is advocated to facilitate communication among team members by diminishing the need for each team member to compete for professional supremacy. The subsequent reduction of cognitive dissonance will enhance the admission and discharge committee's ability to determine the essential features of a proposed solution as well as to establish a meaningful delivery system.

Placement and treatment decisions involving exceptional children are now being made jointly by various professionals while they function as members of an admission and discharge committee. This increasing reliance on a team procedure has modified the school psychologist's role to that of team consultant. Therefore, a school psychologist must be prepared to make the transition from the traditionally direct treatment method to an indirect one.

To achieve this plateau, school psychologists need to cultivate consultation skills which will allow them to function as productive team members.

Maximizing the appropriateness of team decision making is proportional to the maintenance of a goal-directed attitude which is free from a professional supremacy contest. A team effort which de-emphasizes professional discord is apt to achieve a high level of proficiency. Mackey and Hassler (1966) found that favorable consultation among team members not only improved effectiveness of treatment but also enhanced those who participated professionally.

Unfortunately, some limitations to team decision making does exist. Arbuckle (1967) revealed that most team members are not doing what they are supposed to be doing, but rather they appear to be doing what they personally prefer. This has resulted in situations where team members are not providing services in their assigned areas and/or have over-extended their boundaries to such a degree that they now are in direct competition with their fellow team members. Both of these concerns may contribute to a role differentiation dilemma which may create communication barriers among team members.

To improve communications among team members involved in assessing and prescribing treatment measures for students who have been referred for either academic or emotional concerns, a Cognitive Dissonance Paradigm has been prepared. This is an adaptation from Peter Kong-Ming New's Cognitive Dissonance (New, 1968), however, its theoretical assumptions and application procedure are only remotely related. New views teamwork as having two major axes. The first axis consists of assumptions, and the second he terms the cognitive dissonance aspect, consisting of functional and substantive rationalities. According to his thesis, success or failure in teamwork is best explained by the degree of discord in the assumptions made by the team members.

Festinger (1957) points out that dissonance functions like a drive, need, or tension. Its presence leads to action to reduce it, just as the presence of hunger leads to action aimed at reducing the hunger. Dissonance can be resolved, or at least reduced, by changing one of the cognitive elements involved, by adding new elements, or by decreasing the importance of the elements. For instance, dissonance that results when others disagree with us can be changing our opinion, getting others to change their opinion, or deciding that there is no basic disagreement.

Because team members generally reflect their specific training bias, conflicting assumptions often occur when a team approach is employed. Failure to resolve cognitive dissonance among team members may prevent them from reaching a workable solution necessary to effectively deal with problems.

The Cognitive Dissonance Paradigm necessitates team concensus only on the finalized treatment procedures. The integrity of each discipline is maintained. Assumptions and Source of Problems are presented by each

of the team members, but it discourages one professional challenging the assumptions of another in hopes of validating his own. This procedure is based on Festinger's proposition that cognitive dissonance may be reduced when individuals decide there is no basic disagreement.

Identified assumptions and presumed causes usually do not directly affect the welfare of the student until some therapeutic measures emerge. Debate over use and misuse of terminology or difference over cause and effect demand a tremendous amount of time and energy from the team while providing little useful and applied data. Only a general agreement is required to justify that a situation exists which warrants the deployment of the team. An extensive evaluation as to causes, direct or indirect, may add no significant information that can be utilized in designing a therapeutic program either.

With this in mind, the Cognitive Dissonance Paradigm was formulated. Three essential categories are included: Assumption, Source of Problem and Solution.

Assumption Subsumes initial reasons for referral. Team services are generally requested when a problem has been identified. Each team member is free to draw his own conclusions regarding why a student was referred. Assumptions are often predicated on isolated events such as a referral, brief observation, teacher or parent comments, etc. They serve as starting points only. The tentative nature of assumptions would suggest their usefulness is restricted primarily to the "there is no problem here" phase.

A wide range of interpretation of assumptions can be tolerated at this stage without encroaching on investigative procedures to be carried out by team members.

Source of Problem Concerned with basic elements that are maintaining the problem behavior. The cause and effect factors may appear here. Agreement as to cause of problem may not be necessary for the team to become effective. Preliminary identification of causes is required to allow team members to either rule out or affirm the relevancy of their purported causes prior to selecting appropriate procedures for effective treatment. Team members should be encouraged to pursue various causes which they may regard as being vital to designing a solution for dealing with a problem situation.

Solution This is the actual program that will be employed to deal with the problem behavior. General agreement as to the specific action to be taken is required; however, this agreement is more operationally oriented than philosophically. Treatment solutions are often determined by the immediate needs of the environment, especially in a crisis situation. Total agreement, therefore, between philosophical points of view and delivered treatment measures need not always coincide. Dissonance should be reduced by eliminating the need for disagreeing on cognitive elements involving theoretical assumptions and interpretations.

The Cognitive Dissonance Paradigm is to be employed in the following manner: Once the team members have become acquainted with the student's pertinent history one member will be selected to act as chairman of the team.

The chairman should write on the chalkboard a brief statement describing the primary intervention measures that were previously implemented and a statement summarizing the impact of these measures. This information should be considered crucial if the team is to design a solution that will avoid reintroducing measures which have failed to resolve past conflict.

Next, the titles of the three categories--Assumption, Source of Problem, and Solution--should be written on the chalkboard by the chairman according to the example provided (see example). Each member will present a clear statement describing his assumption and source of problem which, in turn, will be written on the chalkboard. This should occur without members voicing their disagreements; if differences of opinion appear, they should be allowed to stand as presented. The intention of presenting the assumption and source of problem statements is to serve as a basis for communication, not alienation.

To identify statements presented by specific team members, the following symbols should be utilized:

T	regular classroom teacher, T_1 first grade teacher, T_2 second grade, etc.
Sp.Ed.T	special education teacher
SP	school psychologist
SpT	speech therapist
P	principal
SW	social worker
GC	guidance counselor
N	nurse
Par	parent

Due to a wide range of team membership, other team members can be added by following a similar symbol identification procedure.

Once the statements have been recorded, each member should carefully examine them and attempt to personally reconcile what differences he can. At this stage a treatment solution should be mutually established with specific action-oriented activities.

The solution should take into account the following variables:

1. What type of solution can be successfully implemented in the present situation?
2. Who will assume primary responsibility for delivering the treatment program? The solution may encompass several dimensions and require active participation of more than one team member.
3. Whenever agreements exist among team members, they should be incorporated in the solution.
4. The solution should incorporate an evaluation component.

Adoption of the Cognitive Dissonance Paradigm by any group assigned the task of determining placement and treatment procedures for exceptional children will provide an arena in which divergent professional interpretations are expressed while holding cognitive dissonance among team members at a minimum. Under these favorable conditions, the formulation of the treatment solution should gain some measure of support from every team member. Successful implementation of treatment efforts is greatly dependent on the support and acceptance demonstrated by individual team members.

The Cognitive Dissonance Paradigm should reduce the amount of discord typically generated by team decision making and promote a constructive procedure which will enable the team to effectively deal with the problems presented by exceptional children.

COGNITIVE DISSONANCE PARADIGM

PAST INTERVENTION MEASURES	SUMMARY OF RESULTS
Student retained in second grade. Parents advised that student was immature and repeating second grade would allow him to eventually catch up. No other measures were prescribed.	Little change in learning behavior; student is still unable to perform at grade level. Each year falls further behind.

ASSUMPTION	SOURCE OF PROBLEM (cause)	SOLUTION (action)
T_2 Student is unable to read at grade level.	Reading material is too difficult. Plays around in class, never completes assignments. May lack mental ability.	Administer reading diagnostic test (Sp.Ed.T), select a reading program that will ensure success (T_2), set up a counseling program to improve student's attitude toward school (SP), and investigate the home environment to determine how it can be favorably modified to articulate with school (SW). Team will reconvene in two weeks. Team members with a specific assignment will present their findings. Summary of results should be presented in data form if possible.
SP Student is failing in school.	As student is unable to function successfully academically, school has become a source of anxiety.	
SW Student has a strong dislike for school.	Home and school environments are not complementary.	
Sp.Ed.T Student is not progressing in reading.	Present reading program does not provide an adequate opportunity for mastery to occur.	

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